



North Central London
Clinical Commissioning Group

Formal consultation on the transfer of staff
of NHS North Central London Clinical
Commissioning Group (NHS NCL CCG)
to the NHS North Central London
Integrated Care Board (NHS NCL ICB) on
01 July 2022

Consultation Period: 30 days
27 April 2022 – 27 May 2022

CONTENTS

Section	Description
1	Background
2	Introduction
3	Key Reference Documents
4	Purpose of the Document
5	Case for Change <ul style="list-style-type: none"> - NCL Four Core Purposes - NCL ICS Vision - Key Areas of Focus
6	Staff in-scope of the consultation and Transfer to ICB
7	Mechanism for Transfer of Staff
8	Proposed Measures
9	Transfer of Information
10	Equalities and Health Inequalities Statement
11	Consultation Process
12	Principles Underpinning Consultation
13	Consultation Timeline
14	Support available to staff during the consultation process
15	Trade Union Support
16	Equality Impact Assessment
Separate Document	Appendix 1: Summary of staff information in-scope of the transfer from NHS NCL CCG to NHS NCL ICB
Separate Document	Appendix 2: Equality Impact Assessment
Separate Document	Appendix 3: NCL ICB Executive Management Team Organogram
Separate Document	Appendix 4: NCL CCG Change Management Policy
Separate Document	Appendix 5: NHSE/I National HR Framework

1. BACKGROUND

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area. The expectation was that all parts of England would be covered by an ICS by April 2021 with NHS Integrated Care Boards established within each ICS system by July 2022. ICS's exist to achieve four aims:

- **Improve population health and healthcare**
- **Tackle unequal access, experience and outcomes**
- **Enhance productivity and value for money**
- **Support broader social and economic development**

There is a growing body of evidence pointing to the benefits that integrated care systems (ICSs) can achieve for patients and communities when NHS organisations and Local Authorities work collaboratively. The response to the Covid-19 pandemic most clearly demonstrated how NHS organisations and Local Authorities can work together effectively at scale and pace to achieve common objectives.

We now face the substantial challenge of meeting the needs of patients whose care was disrupted or delayed due to the pandemic, while continuing our work to meet NHS Long Term Plan commitments. No provider will be able to meet the challenges of recovering from the pandemic alone. NHS organisations and Local Authorities will need to build on the successful collaboration that they established in response to Covid-19.

The establishment of an NHS NCL ICB collaborating across NCL's ICS will significantly help health and care organisations tackle complex challenges, including:

- **Improving the Health of Children and young people**
- **Supporting people to stay well and independent**
- **Acting sooner to help those with preventable conditions**
- **Supporting those with long-term conditions or mental health issues**
- **Caring for those with multiple needs as populations age**
- **Getting the best from collective resources so people get care as quickly as possible**

The White Paper published on 11 February 2021 brings together proposals that made a number of recommendations relating to the Secretary of State's powers over the system and targeted changes to public health, social care and quality and safety matters. The White Paper groups the proposals under the following themes:

Working together and supporting Integration	Additional Proposals to support public health, social care and quality and safety	Reducing Bureaucracy	Enhancing Public Confidence and accountability
<p>Two forms of integration will be underpinned by the proposed changes: integration within the NHS and integration between the NHS and others.</p> <p>Statutory ICSs will be formed in each system and comprise of an ICB NHS body and a health and care partnership.</p> <p>ICSs will work closely with local Health and Wellbeing Boards.</p>	<p>Enhanced assurance framework to assess the delivery of adult social care services and for data to be collected from providers.</p> <p>Make it easier for Secretary of State to direct NHSE on specific public health functions.</p> <p>Establishment of Health Services Safety Investigations Body.</p>	<p>NHS will be free to make decisions on how it organises itself without the involvement of Competition and Market Authority.</p> <p>Creation of a bespoke health services provider selection regime that will give greater flexibility on how services are arranged.</p> <p>Changes to the national tariff to enable the tariff to work more flexibly within system approaches.</p>	<p>More flexible mandate for NHS England, making it easier for the Secretary of State to set objectives.</p> <p>Removal of the three year time limit on Special Health Authorities.</p> <p>Ensure Secretary of State has appropriate intervention powers.</p> <p>Secretary of State to publish a document setting out roles and responsibilities for workforce planning and supply in England.</p>

2. INTRODUCTION

On 16 June 2021, the ICS Design Framework was published, setting out how ICSs will be expected to operate by July 2022 when ICS partnerships and new Statutory Integrated Care Board (ICBs) will be established, subject to the Health and Care Bill being enacted in the 2022/23 parliamentary session. The ICS Design Framework reinforces the expectation that **provider collaboratives**, along with **place-based partnerships**, will be a key component enabling ICSs and ICBs to deliver their core purpose and meet the triple aim of better health for everyone, better care for all and efficient use of NHS resources.

This Design Framework also sets out the minimum expectations for how providers should work together in provider collaboratives and provides some guiding principles to support local decision-making. ICSs and ICBs and their constituent providers have flexibility to decide which arrangements will work best.

North Central London has a health and care tradition to be proud of. We have hospitals, community, mental health and primary care services that employ the highest calibre of professionals and support service who have worked tirelessly to meet the needs of our communities.

We know that our workforce is tired and that staff are often frustrated by the bureaucracy that may take them away from patient care or result in duplication across organisations where better ways of spending money are apparent. We know however, that often, residents and patients are passed around agencies, often repeating their stories or worse, slipping through gaps. We recognise that there is too much short-termism in the NHS when chronic problems such as obesity, cancer and heart disease need more generational overview. As an ICB we will commit to ensuring the right start in life, to enabling individuals to thrive with lives to be well lived and to hospital care being available for those who need it.

Whilst we have known this for some time, the collaboration of agencies and individuals to respond to the Covid-19 crisis and the delivery of the vaccine programme has demonstrated the value of multi-agency working and has shown that all parts of the NHS must work more closely together. We know that our ambition must be supported by digital and infrastructure arrangements that break down barriers and give residents more control of their own lives. We know that embedding the NHS further in our communities, creating anchor organisations and building support for communities will have long term health benefits. We know that we have to move away from episodic spend to spending money over the lifetime of individuals to manage longer life expectancy and the impact of long term and chronic illness; this can only be done through a population health approach, understanding need in the context of individuals lives, families and communities.

To go through organisational change at this time when we are coming to terms with the impact of Covid-19 and the long-term impact of the pandemic; when waiting times are higher than ever; when the workforce is tired should be seen as forward looking and necessary step. In North Central London, we have the ingredients in excellent services, a committed workforce, a willing leadership and a shared belief in the urgent need for change to make this change to embed our long-term goals. We want to create networks of support for everyone who needs it ensuring no one is left behind and one that is subject to continuous and ongoing improvement and academic evaluation. This is our opportunity for real change; we must take it.

3. KEY REFERENCE DOCUMENTS

To support the transition required to meet our Long Term Plan and the ambitions of the White Paper, NHS England and NHS Improvement have published guidance and resources, drawing on learning from all over the country. The aim of these guiding documents is to enable local health care leaders to build strong and effective ICSs and ICBs in every part of England.

Whilst not a full list of all national guidance, for the purposes of this document national guidance that has been taken into consideration as part of this consultation include the following:

NAME	SUMMARY
NHSE/ HR Framework	This guidance provides national policy ambition and practical support to complement regional and ICB approaches and local employer policies for dealing with the change processes required to affect the transfer and the transition. The aim is to deliver the change in a way that demonstrates the

	<p>importance and value of our people, their health and wellbeing, and enables the continued delivery of our organisational priorities.</p> <p>In establishing the new ICB, the Framework is structured into five main sections:</p> <ul style="list-style-type: none"> • Staff engagement and partnership working; • Looking after our people; • Belonging in the NHS; • Managing the change for board-level colleagues; and • Safe transfer for all people. <p>In addition to the five sections listed above the HR Framework provides a set of principles that have been agreed in partnership with national trade unions for handling any change processes required as part of this transition. These include:</p> <ul style="list-style-type: none"> • People centred approach in line with the People Promise; • Compassionate and inclusive during the transitional period; • Minimum disruption; and • Subsidiarity, People follow the function in line with the employment commitment. <p>The framework provides professional advice, guidance and best practice in relation to the human resources and employment law considerations required to enable effective change processes and the safe transfer of people to the new NHS ICBs.</p>
Employment Commitment	<p>The purpose of the guidance is to provide our people, with employment stability throughout the transition period while minimising uncertainty as much as reasonably possible. This is a different approach to the normal change management programmes previously implemented during organisational change. This is one that is characterised by the care for our people without distracting them from the 'day job' and the critical challenges of recovery for the NHS when tackling population health management.</p> <p>The ambition is to provide as much stability of employment as possible while ICSs evolve and develop new roles and functions that not only improve health and care but also maximise the skills, experience and expertise of all NHS people. The employment commitment therefore, sets the tone for all affected organisations throughout transition and aims to ensure that the continuation of the good work being carried out by the current group of staff is prioritised by minimising disruption. In turn, it is hoped that this will support best practice to be promoted through engaging, consulting and supporting the workforce during a carefully planned transition that is free from the distraction of significant organisational change programmes.</p>
ICS vision	<p>Details how systems and their constituent organisations will accelerate collaborative ways of working in future, considering the key components of an effective ICS and reflecting what a range of local leaders have told us about their experiences during the past two years, including the immediate and long-term challenges presented by the Covid-19 pandemic.</p>
System Development	<p>The System Development Progression Tool (SDPT) has been designed to sit alongside the ICS Design Framework and other guidance documents</p>

Progression Tool	currently under development. It is a practical tool to support system planning and development throughout 2021/22.
Guidance on Provider Collaboratives	This guidance outlines minimum expectations for how providers should work together in provider collaboratives, offering principles to support local decision-making and suggesting the function and form that systems and providers may wish to consider.
Guidance on the ICS Readiness to operate statement (ROS)	Guidance on the ICS Readiness to operate statement (ROS)
ICS Implementation guidance; Due diligence, transfer of people and property from CCG to ICBs	Outlines the due diligence process required for the safe transfer of people (staff) and property (in its widest sense) from clinical commissioning groups (CCGs) to integrated care boards (ICBs), and the legal processes used for transfer, establishment and closedown.
Direct Commissioning Functions: Pre-Delegation Assessment Framework	Designed to help ascertain each system's capability to assume responsibility for services within their geographies in advance of an anticipated April 2022 delegation. Informed by the assumption that ICSs should own all functions by default, the framework focusses on the minimum standards which should be met prior to delegation.

4. PURPOSE OF THE CONSULTATION DOCUMENT

Subject to its successful passage through parliament, when the Health and Care Bill becomes an Act of parliament Integrated Care Boards (ICBs) will be established as statutory NHS Bodies and Clinical Commissioning Groups (CCGs) will be abolished.

The purpose of this document is to inform staff and Trade Union representatives of the intent to transfer staff from NHS NCL CCG to the new NHS NCL ICB with effect from 1 July 2022. The paper covers information on the proposed measures that the receiving body (NHS NCL ICB) are likely to implement in respect of the proposed transfer (**see section 8 proposed measures for further details**).

This document also supports the commencement of the formal consultation process in accordance with the CCG's HR Policies and Procedures. This consultation applies to all staff of NHS NCL CCG who have been identified as having roles that are impacted by the transfer of services (**see section 6 staff in-scope**) and where the NHSE statutory transfer scheme will be applied (**see section 7 mechanism of transfer for further details**).

This paper formally initiates a 30 calendar day consultation process commencing on **Wednesday 27 April 2022 and ending at 5pm on Friday 27 May 2022**. The formal consultation process will provide all staff affected by these proposals with an

opportunity to comment and receive responses to any concerns or questions raised throughout the consultation period.

NCL CCG is committed to ensuring that its values are adhered to throughout this consultation process, empowering and retaining highly skilled people, whilst at the same time, aiming to make North Central London a great place where its people have worthwhile jobs and careers as part of being an employee of the NHS.

The purpose of meaningful consultation is to work in partnership with staff and their recognised union representatives, to explain and discuss the proposals being put forward and to provide an opportunity for those staff affected by this change to seek clarification on proposals described within this document.

5. CASE FOR CHANGE

The NHS NCL ICB will be established as a new organisation that bind partner organisations together in a new way with a common purpose. It will lead integration across North Central London, bringing together all those involved in planning and providing NHS services whilst taking a collaborative approach to agreeing and delivering ambitions for the health and care of its population. It will ensure that dynamic joint working arrangements, as demonstrated through the response to Covid-19, become the norm. It will establish shared strategic priorities across North Central London and provide seamless connections to wider partnership arrangements at a system level to tackle population health challenges and enhance services at the interface of health and social care. In line with the national direction of travel, this will require NCL CCG's functions and duties to transfer to the new NHS NCL ICB once it has been established, along with all CCG assets and liabilities including the CCG's commissioning responsibilities and contracts.

➤ NCL Four Core Purposes:

The new NHS ICB will be a statutory organisation responsible for specific functions that enable it to deliver against the following four core purposes:

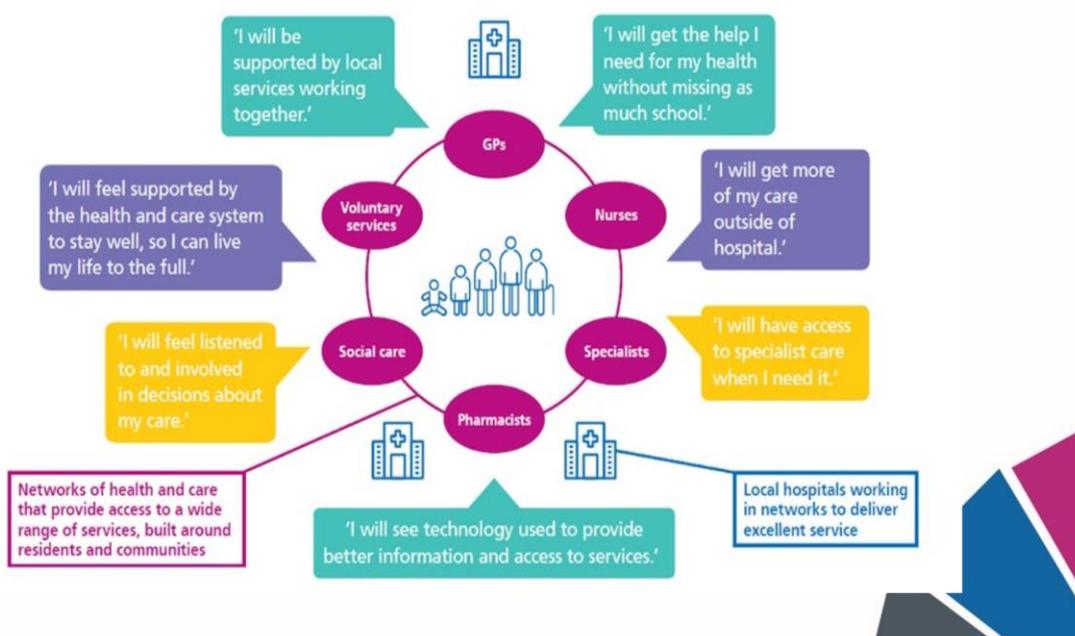
Developing a Plan	Allocating Resources	Establishing joint working arrangements	Establishing Governance arrangements
<p>to meet the health needs of the population within their area, having regard to the Partnership's Strategy.</p> <p>This will include ensuring NHS services and performance are restored following the pandemic, in line with national operational</p>	<p>to deliver the plan across the system, including determining what resources should be available to meet the needs of the population and setting principles for how they should be allocated across services and providers.</p>	<p>with partners that embed collaboration as the basis for delivery of joint priorities within the plan.</p> <p>The NHS ICB may choose to commission jointly with local authorities, including the use of powers to make partnership</p>	<p>to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations, to ensure the plan is</p>

<p>planning requirements, and Long Term Plan commitments are met.</p>	<p>This will require striking the right balance between enabling local decision-making to meet specific needs and securing the benefits of standardisation and scale across larger footprints, especially for more specialist or acute services.</p>	<p>arrangements under section 75 of the 2006 Act and supported through the integrated care strategy, across the whole system. This may happen at place where that is the relevant local authority footprint.</p>	<p>implemented effectively within a system financial envelope set by NHS England and NHS Improvement.</p>
---	--	--	---

To meet this challenging agenda the NCL ICS Vision has been defined as:

➤ **NCL ICS Vision**

Our vision for an integrated care system in NCL



➤ **Key Areas of Focus**

As a new NHS ICB we will meet health and care needs across North Central London and coordinate services, planning in a way that improves population health and reduces inequalities between different groups. Our key areas of focus are:

- Stronger partnerships in local places between the NHS, local government and others with a more central role for primary care in providing joined-up care;
- Asking Provider organisations to step forward in formal collaborative arrangements that allow them to operate at scale;

- Developing strategic commissioning through systems with a focus on population health outcomes and;
- The use of digital and data to drive system working, connect health and care providers, improve outcomes and put the patient and resident at the heart of their own care.

The way in which we will organise ourselves to ensure achievement of our vision and outcomes of the White Paper, North Central London ICS is organising itself within our health and care system across five key components:

Transformation and change through ICS Leadership	Strategic Commissioning	Integrated Care Partnerships	Networks	Providers working collaboratively
<p>Aims:</p> <p>Leadership across NCL to transform ways of working across organisations to improve the health and wellbeing of residents in North Central London. This will be through networks, programmes of work and organisational development.</p>	<p>Aims:</p> <p>Assessment of population needs and setting plans to prioritise resources to address these needs in line with our priorities for local people.</p>	<p>Aims:</p> <p>Local borough-based partnerships that bring together local authorities, health and care services including primary care, local community care and the voluntary sector to deliver person-centred community focused care.</p>	<p>Aims:</p> <p>Working in new ways to enable greater provision of proactive, personalised, coordinated and more integrated health and care for our communities across social care, primary care and hospitals e.g. Primary Care Networks.</p>	<p>Aims:</p> <p>Health and care providers, organising themselves through provider alliances to ensure that high quality services are being provided for all.</p>

6. STAFF IN-SCOPE OF TRANSFER TO NHS NCL ICB

The following staff employed at the point of transfer (01 July 2022) will be in-scope of the consultation to transfer to NHS NCL ICB in accordance with Cabinet Office Statement of Practice (COSO P) and Transfer of Undertakings (Protection of Employment) Regulations (TUPE):

- All staff directly employed by NHS NCL CCG on a permanent contract or where a fixed term contract is still in place at the 01 July 2022.

- All staff currently on maternity, paternity, sick leave, suspension, career break or any other type of leave at the point of transfer will transfer to NHS NCL ICB on 01 July 2022;
- Staff on secondment out of the CCG will have their substantive role transferred and should continue with their secondment as the secondment agreement will move from the CCG to the ICB and;
- All board level colleagues employed on a permanent/fixed term contract whether in a new designate role or in a displaced position.

Those colleagues engaged by the CCG in work for the ICS either via a contract for service (Office Holder) or on secondment from another organisation are not employees of the CCG and so fall outside of the employment consultation. However, any contract that goes beyond the 30 June 2022 will continue until the existing expiry date. In such situations, the existing secondment agreements/contract for services will move into the new ICB.

The breakdown of teams and number of staff that will transfer from NHS NCL CCG to the new NHS NCL ICB are detailed in **Appendix 1**.

7. MECHANISM OF TRANSFER

The legal mechanism to transfer CCG staff deemed to be in-scope of the transfer to the newly established NHS NCL ICB expected to take place on the 01 July 2022 will be transferred under the statutory transfer scheme (COSO P – Cabinet Office Statement of Practice) made by NHS England. The proposed new legislation for the establishment of ICBs include the provision for transfer schemes to be applied to implement staff transfers in the public sector. The statutory transfer scheme will give all staff transferring to NHS NCL ICB the same legal protection as TUPE and therefore all steps taken in managing the transfer will be in accordance with TUPE Regulations.

➤ Key Definitions

- **COSO P: Cabinet Office Statement of Practice on Staff Transfers in the Public Sector**

A policy document that is utilised for public sector employers to ensure they consult with trade unions and staff, protecting terms and conditions of employment of staff transferring between public sector organisations. As a matter of policy organisations should apply the principles of TUPE to all staff in-scope of the transfer.

COSO P is applied as a result of a legislative change (i.e. establishment of ICBs) and therefore the decision to establish ICBs cannot be changed as a result of feedback from staff as part of the consultation process.

COSO P guides employers to inform and consult staff and their trade unions about the proposed transfer and the measures the new organisation proposes to apply following the transfer.

- **TUPE: Transfer of Undertakings (Protection of Employment) Regulations 2006.** *TUPE is the employment legislation that protects the employment rights of staff when their employer changes as a result of a transfer.*

This is the main piece of legislation governing the transfer of an undertaking, or part of one, to another. The regulations are designed to protect the rights of staff in a transfer situation enabling them to enjoy the same terms and conditions, with continuity of employment as formerly. For example, when staff in one organisation are moved to work in a new organisation. Generally, these ensure that staff are not disadvantaged when they move employer. The appropriate rights and obligations are set out in the TUPE Regulations 2006 (as amended by the 2014 Regulations).

The effect of the Regulations is to preserve the continuity of employment and terms and conditions of those staff who are transferred to a new employer when a relevant transfer takes place. This means that staff employed by the previous employer (the 'transferor') when the transfer takes effect automatically become staff of the new employer (the 'transferee') on the same terms and conditions. It is as if their contracts of employment had originally been made with the transferee (new employer).

NHS NCL CCG will ensure it follows the required consultation obligations and inform appropriate representatives of the affected staff of the transfer and any "measures" proposed (**see section 8 proposed measures**). There will be a period of 30 days over which NHS NCL CCG will fulfill its consultation requirements prior to the date of transfer.

If there are any changes or proposals for changes following the transfer, these "measures" will have to be discussed with the representatives of the affected staff. The incoming employer (NHS NCL ICB) is required to provide the outgoing employer (NHS NCL CCG) with information on proposed measures to allow compliance with its duty to inform and consult with those staff affected by the changes in accordance with the TUPE Regulations.

The basic underlying principle of TUPE is that the new organisation takes over the contract of employment for all staff that transfer. This means that all staff will retain the following:

- The application of TUPE to protect employment rights of staff when their employer changes as a result of a transfer of an undertaking to avoid them being disadvantaged because of the change;
- Protection of continuous service;
- Protection of terms and conditions of employment;
- Continued membership of the NHS Pension Scheme;
- Staff will be provided with any measures proposed by the new organisation and;
- For those staff on a secondment at the point of transfer to the ICB, the transfer scheme will ensure that secondment agreements move from the CCG to the ICB.

➤ Summary of Transfer Mechanism

In summary, the process of transferring staff from NHS NCL CCG to NHS NCL ICB will be managed by the NHS National Transfer Scheme and will therefore be undertaken in accordance with the Cabinet Office Statement of Practice on Staff Transfers in the Public Sector (COSO P) and Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) as amended by the Collective Redundancies & Transfer of Undertaking (Protection of Employment) (Amendment) Regulations 2014.

Please see section 5 of the NHSE/I HR Framework (**Appendix 5**) for Developing Integrated Care Boards for further information on the National NHS Transfer Scheme (COSO P) and TUPE Regulations.

8. PROPOSED MEASURES

The current employer (NHS NCL CCG), also known as the ‘transferor’ and the new organisation (NHS NCL ICB), also known as the ‘transferee’ are required to inform staff representatives of any measures (changes) the transferee organisation intends to take in relation to the transfer of the staff.

NHS NCL ICB intends that, after the proposed transfer date, the following measures will be taken in connection with the transferred staff.

NHS NCL ICB Measures	
Name of Employer	NHS North Central London Integrated Care Board (NHS NCL ICB)
ICB Executive Management Team Structure	<p>The ICB will have the following Executive Director Management structure in place:</p> <ul style="list-style-type: none"> ▪ Frances O’Callaghan, ICB Chief Executive Officer ▪ Sarah Mansuralli, Chief Development and Population Health Officer ▪ Sarah McDonnell-Davies, Executive Director of Places ▪ Sarah Morgan, Chief People Officer ▪ Phil Wells, Chief Finance Officer ▪ Dr. Josephine Sauvage, Chief Medical Officer ▪ Chris Caldwell, Chief Nurse Officer ▪ Richard Dale, Executive Director of Performance and Transformation ▪ Ian Porter, Executive Director of Corporate Affairs <p>For full details of the Executive Director Structure including functions that Executive Directors are accountable for (see Appendix 3 NHS NCL ICB Executive Director Organogram)</p>

<p>Any planned restructures/changes that will impact on staff and services transferring</p>	<p>NHSE/I have set out renewed ambitions for greater collaboration between partners in health and care systems and options for a firmer legislative basis for Integrated Care Systems.</p> <p>Any future organisational change requirements following the establishment of the new NCL ICB as the ICB evolves over time to focus on system priorities and new ways of working that ensure effective delivery of its functions and priorities, will be undertaken in accordance with current legislation, NCL ICB Change Management Policy and HR good practice.</p> <p>In accordance with the principles of the Agile Working Policy, it is envisaged that staff will now undertake a mixture of both home and office working once a return to office working date and arrangements have been confirmed. Given the reduced level of staff working within an office at any one time, the ICB will be reviewing future accommodation/office requirements in 2022. Any proposed changes to contractual work bases as a result of the review will be subject to consultation with staff and trade unions in accordance with NCL ICB's Change Management Policy.</p>
<p>Line Management Changes</p>	<p>Following the appointment of the new Executive Management Team, we will inform staff, if applicable, of any changes to the functions that currently sit within the Executive Director's portfolios that may result in a line management change for an individual member of staff. Any member of staff affected will be informed individually prior to the transfer to the ICB.</p>
<p>HR Policies and Procedures</p>	<p>The CCG has a suite of HR policies and procedures that meet the requirements of good practice, employment law and national Agenda for Change provisions.</p> <p>All existing CCG HR policies will transfer to NHS NCL ICB. There will be a future review of all HR policies and procedures to ensure they remain in line with current legislation and HR best practice. This may include working in collaboration with NCL ICS partners to support consistency in approach and implementation of a one workforce as described within the NHS People Plan. Any review of HR policies and procedures will be undertaken in partnership with staff and recognised trade unions.</p>

Working Hours/flexible working policy in place	The working hours for staff will be in accordance with staff's current terms and conditions of employment. The NHS NCL ICB supports flexible working arrangements in accordance with the Flexible Working Policy, Agile Working Policy, national NHS guidance and HR good practice that supports the health and wellbeing of all staff.
Payroll and Pensions Provider	The Payroll and Pensions service will be hosted by North of England Commissioning Support Unit (NECS). There will be no change to employee's pay date which will remain on the 25 th of each month.
Trade Union Recognition	<p>NHS NCL ICB will continue to recognise trade unions with a membership in the organisation. The trade unions that will be formally recognised by the ICB will be:</p> <ul style="list-style-type: none"> ▪ Unison ▪ Unite ▪ Managers in Partnership (MiP) ▪ British Medical Association (BMA) ▪ Royal College of Nursing (RCN) ▪ British Dietetics Association (BDA)

9. TRANSFER OF INFORMATION

All employee information held by NHS NCL CCG, including all payroll information and Employee Liability Information will be transferred to the ICB in accordance with the TUPE regulations and the Data Protection Act 2018.

Staff records that will transfer to the NHS NCL ICB, include:

- Personal details for each of the transferring staff: their names; addresses, and dates of birth;
- Dates of commencement of continuous employment;
- Salary details;
- Terms and conditions of employment of transferring staff
- Pension membership details;
- Holiday entitlements;
- Details of all benefits;
- Job titles and job descriptions;
- Details of all relevant collective agreements;
- Details of any variances to Agenda for Change terms and conditions including notice periods, protected or special payments, special class pension status;
- Disciplinary and Grievance records of the transferring staff and;
- Details of any material dispute, claim, action or proceedings (whether actual, pending or threatened) by any transferring employee and details of any circumstances which may lead to any such claim,

action or proceedings.

10. EQUALITIES AND HEALTH INEQUALITIES STATEMENT

Advancing inclusion and ensuring equity for our patients and staff remain at the heart of the CCG's values, and will be reflected in the new ICB structure, governance, policies and programmes. We are committed to ensuring:

- The ICB is used as an opportunity to strengthen the CCG's existing systems and processes for improved inclusion and equity performance and accountability.
- Continuous compliance with the equality and human rights duties and NHS standards, we are dedicated to addressing inequalities collaboratively by designing local solutions that enable the ICS to achieve better equitable outcomes for all groups.
- The experiences and learnings from staff, patients and community engagement shape our Diversity and Inclusion priorities.

An Equality Impact Assessment of the proposed changes has been undertaken as detailed in section 16 of this consultation document and **Appendix 2**.

11. CONSULTATION PROCESS

The consultation process has been designed to ensure that our staff and business continuity risks associated with the proposed changes are minimised, in line with the employment commitment, ensuring our talent is retained and building on our people's skills, experience and aspirations. The process will be undertaken in accordance with the NCL CCG's Change Management Policy, NHSE/I HR Framework and HR best practice.

This formal consultation has been designed to be as comprehensive as possible. The consultation period will commence on **Wednesday 27 April 2022** and is planned to meet the statutory period of 30 days with the consultation period ending at 5pm on the **Friday 27 May 2022**. Feedback will be encouraged and supported at every level to ensure that trade unions and individual issues can be discussed at the appropriate levels and any outstanding concerns addressed as part of this consultation process.

It is intended that the process of consultation will be a local one. This will also include individual consultation with affected staff. NHS NCL CCG is required to provide specific information to trade union organisations and staff in order to ensure that they and the staff affected are fully aware of the potential impact of the proposals and can enter into meaningful consultation regarding those proposals.

Consultation will be conducted through a series of regular, scheduled meetings with staff. Staff will be entitled to be accompanied by a trade union representative or work place colleague, if required during any 1:1 formal consultation meetings that they may

wish to have with their line manager. Every effort will be made to ensure staff affected by change have the most up-to-date information at every stage of the process, and that we answer queries where we have the answers, confirming when more detailed information will be available where we do not.

As the consultation progresses, NHS NCL CCG will update trade union representatives on feedback and on any changes to the proposals that may occur during the process.

The proposed areas and topics for formal consultation at each level are set out below. These are intended as guidelines and should not be treated as prescriptive.

➤ **Regional/Local Collective Consultation:**

- The national approach to changes required and timelines for consultation;
- Overview of the numbers of staff affected by change;
- Equality and other impact assessments;
- The guiding principles for facilitating the implementation of the transformation;
- The support available for staff affected; and
- Feedback to and from regional and individuals.

➤ **Trade Union Representatives:**

Consultation will continue throughout the period through regular meetings with trade union representatives of those staff affected by the proposed changes. This will include:

- Details and impact of the potential organisational change;
- Number of staff affected by change;
- Implementation dates; and
- Feedback from any national decisions that may impact on this consultation.

➤ **Consultation with Staff Affected:**

In accordance with NCL CCG's HR Change Management Policy, during the consultation period, all staff can request a formal consultation meeting, if they wish to have one. Each member of staff can be accompanied at a formal consultation meeting by a trade union representative or work colleague if required. The purpose of the meeting will be to:

- Discuss personal circumstances and the impact of the proposed change in employer to NHS NCL ICB;
- Enable staff affected by change the opportunity to provide their views, comments and feedback on the proposed changes;
- Discuss Staff support available; and
- Provide Information and feedback mechanisms

Feedback, comments and views on the proposed transfer to NCL ICB can be provided to Directors, the NCL Executive Management Team and the HR team, informally/formally and in writing to the dedicated NCL CCG HR transition email address: nlccg.nclhrtransition@nhs.net

If any member of staff would like to have a formal or informal 1:1 consultation meeting please contact the HR Transition Team via the dedicated NCL CCG HR transition email address (nlccg.nclhrtransition@nhs.net) in order that arrangements can be made to schedule a meeting.

12. PRINCIPLES UNDERPINNING THIS ORGANISATIONAL CHANGE AND CONSULTATION

The proposed change will be undertaken and consistent with the principles described within the national NHSE/I HR Framework (**Appendix 5**) including due regard to:

- The People Plan;
- All Colleagues are valued and treated with compassion and respect;
- The Core Principles set out in the Design Framework;
- The Employment Commitment and;
- Relevant employment law, equality legislation and the public sector equality duty to ensure that decisions are fair, transparent, accountable, evidence-based and consider the needs and rights of the workforce.

We are committed to partnership working and to the principles laid down in the National Staff Partnership Forum Terms of Reference. NCL CCG's Change Management Policy will be followed to manage the HR implications associated with the transfer of staff from NHS NCL CCG to NHS NCL ICB.

To facilitate effective consultation, the CCG will ensure that trade unions, and staff affected by the proposed organisational change requirements have sufficient information to make meaningful contributions to the consultation process.

No employee will be discriminated against due to caring responsibilities or any protected characteristic as defined by the Equality Act 2010. An Equality Impact Assessment of the proposed changes has been undertaken as detailed in section 16 of this consultation document and **Appendix 2**.

13. CONSULTATION TIMELINE

Change Management Process	Timescales
Formal engagement with staff and trade unions	20-26 April 2022
Commence formal 30 day consultation with affected staff on the transfer from NHS NCL CCG to NHS NCL ICB. Issue consultation document and appendices	27 April 2022

During Consultation Period - Formal/Informal meetings - Staff to submit comments, views, and questions - Ongoing formal and informal engagement with trade unions	27 April 2022 – 27 May 2022
End of Consultation	5pm on 27 May 2022
Consideration of staff feedback and comments Post Consultation Equality Impact Assessment	w/c 30 May 2022 – w/c 06 June 2022
Consultation outcome and next steps communicated to all staff	w/c 13 June 2022
All staff to transfer to NHS NCL ICB in accordance with COSoP and TUPE Regulations	01 July 2022
All staff of the NHS NCL ICB will receive welcome correspondence and confirmation that their employment has transferred to the NHS NCL ICB.	01 July 2022

14. SUPPORT AVAILABLE FOR STAFF DURING THE CONSULTATION PROCESS

NCL CCG recognises that these changes will be taking place against a background of significant and ongoing challenges associated with Covid-19. It is critical therefore that those staff affected by this change process are appropriately supported.

The CCG will work in partnership with Trade union representatives to offer a range of staff support to meet the different requirements during the different stages of the change process.

Throughout the consultation period support will be provided by Managers, Directors, Executive Directors, Trade union representatives and HR for individuals who have concerns or questions about the proposals in this consultation document.

➤ HEALTH AND WELLBEING

Support is available via occupational health and the Employee Assistance Programme (EAP). In addition to this, we encourage staff to utilise the employee assistance programme service from the CCG's Provider, Workplace Wellness which includes:

- Employee counselling;
- Personal support;
- Health and wellbeing;
- General advice and support and;
- Outplacement support.

Further information on the employee assistance programme and occupational health services can be found on the [CCG's health and wellbeing intranet page](#). Building resilience workshops to support staff through change will also be available via the [CCG's Learning Hub Intranet page](#).

➤ HR Support

HR advice, support and guidance on the consultation process and transfer arrangements can be sought from the following members of the HR Team:

- HR Transition Team - nclccg.nclhrtransition@nhs.net
- Elaine Campbell, HR Business Partner – elaine.campbell16@nhs.net
- Sharon Wynter-Smith, HR Business Partner – sharon.wynter-smith@nhs.net
- Raksha Merai, Head of HR - r.merai@nhs.net

➤ HR Drop-In Sessions

We understand that staff may have specific questions on the HR processes, policies and procedures that will be applied with regard to the transfer and circumstances. In turn, we have scheduled a number of HR Drop-In sessions that will allow staff to book a 1:1 meeting slot with a member of the HR team to ask any questions or clarify any information with regard to the transfer (See section How to Book detailed below).

In addition to the HR Drop-In Sessions that will be held via MS Teams, should HR be unable to answer any queries that relate to operational matters HR will communicate with specific line managers/Directors in order that they can provide relevant responses to any unrelated HR queries that may arise.

Date	Time
Thursday 28 April	2-3pm
Thursday 05 May	10-11am
Thursday 05 May	2-3pm
Monday 09 May	10-11am
Thursday 12 May	2-3pm
Monday 16 May	2-3pm
Thursday 19 May	10-11am
Monday 23 May	10-11am
Thursday 26 May	2-3pm
Monday 30 May	2-3pm

➤ How to Book an HR Drop-In-Slot

All HR drop-in slots will be held remotely via MS Teams. To book a session with a member of the HR Team please book a slot via the [HR drop-in intranet page link](#).

When booking a session staff will need to enter their full name, NHS e-mail address and the topic of discussion when selecting a preferred time slot. This will allow HR to seek, where applicable, any clarification on queries raised and feedback during the session.

The CCG is committed to maintaining confidentiality throughout this consultation process. Therefore the booking tool that will be utilised for this purpose ensures no other person except the individual concerned and the HR Team will have access that shows individual booking appointments. Once an individual has booked an appointment they will receive an e-mail confirmation of the appointment time, along with a Microsoft Teams link to join the session.

Further information can be provided by contacting the HR Team at nclccg.nclhrtransition@nhs.net

15. TRADE UNION SUPPORT

Pre-engagement and pre-consultation has been undertaken with staff side colleagues regarding the requirement to transfer all staff employed by NHS NCL CCG at the point of transfer (01 July 2022). The recognised Trade Unions were formally notified of NCL CCG's intention to consult formally on the transfer of staff to NHS NCL ICB. All consultation documentation has been shared with staff side colleagues prior to the formal launch of the consultation process.

The key staff side contacts are:

Trade Union	Regional/Local Representative	Name of Representative	Trade Union Representative Contact Details
UNISON	Regional	Clive Sutherland	clive.sutherland@nhs.net
		Carol Shorter	c.shorter@unison.co.uk
	Local	Julian Chiew	j.chiew@nhs.net
		Kim Sharp	kim.sharp@nhs.net
		Christiana Fadipe	christiana.fadipe@nhs.net
		Pam Caton	pamela.caton@nhs.net

UNITE	Regional	Banso Loi	banso.loi@unitetheunion.org
MIP	Regional	Stephen Smith	S.Smith@unison.co.uk
Royal College of Nursing	Regional	Millie Simms	Millie.Simms@rcn.org.uk
British Medical Association	Regional	Andrew Barton	abarton@bma.org.uk
		Rosemary Stanley - MacKenzie	rstanley-mckenzie@bma.org.uk
British Dietetics Association	Local	Rosemary Stennett	rosemary.stennett@nhs.net

16. EQUALITY IMPACT ASSESSMENT

The process of the transfer of staff from NHS NCL CCG to NHS NCL ICB is subject to an Equality Impact Assessment (EQIA) to ensure 'due regard' to the public sector equality duty.

The CCG is committed to ensuring the EQIA is carried out in a robust and effective way and the outcomes including any recommendations or actions are followed through to ensure compliance.

The CCG is also committed to managing this change management process is carried out in a way that is equitable, fair and transparent. To facilitate this, the CCG will ensure the following equality impact assessment principles are followed:

- The change process has been undertaken in accordance with NCL CCG's Change Management Policy and NHSE/I HR Framework.
- No employee will be discriminated against on the grounds of contractual status, caring responsibilities or any protected characteristic as defined by the Equality Act.
- Adherence and compliance with the public sector equality duty and NHS good practice recommendations; that no staff should be unfairly treated or discriminated against on the ground of their protected characteristics or their association with someone with a protected characteristic.
- Any adverse impact identified through this EQIA for any staff within a protected characteristic group will be either eliminated or minimised by the actions identified within this equality impact assessment.
- The engagement process will be undertaken with due regard to NCL CCG's Diversity and Inclusion Strategy and Objectives (2021-2023), values and the commitment to progress a fair and just culture for all staff.

- We will ensure that, as part of our ongoing commitment to advancing disability equality, due attention is given to disabled staff, those with long-term conditions and carers. Managers will be required to address the need for any reasonable adjustments before the transfer takes place.
- The CCG is committed to reducing/mitigating any adverse impact and increasing/safeguarding the positive impact for each protected characteristic group, together with any additional actions that may be requested from staff that are in-scope of the consultation.

Please see **Appendix 2** for the full Equality Impact Assessment. The assessment has not identified any adverse or disproportionate impact of the transfer from the CCG to the ICB on staff from any protected characteristics. However, we are very aware of our duty as an employer, and the CCG is committed to supporting our staff during this transition. We will, therefore, complete a post-consultation review of this equality impact assessment.